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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/920,432
	Filing Date	08/01/2001
	First Named Inventor	Cuckler et al.
	Group Art Unit	3738
	Examiner Name	Willse, D.
Total Number of Pages in This Submission	Attorney Docket Number	10557/247605

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Supplemental paper in response to Office Action mailed 04/06/04 to supplement Amendment & Response mailed 02/06/04.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael A. Bertelson, Reg. No. 54,713 KILPATRICK STOCKTON LLP
Signature	
Date	Apr. 22 nd , 2004

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THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Cuckler et al.

SERIAL NO.: 09/920,432

GROUP ART UNIT: 3738

FILED: August 1, 2001

EXAMINER: Willse, D.

FOR: Acetabular Ring Prosthesis with
Reinforcement Member

CERTIFICATE OF MAILING

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Janie Wilkins

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DATE: April 21, 2004

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SUPPLEMENTAL PAPER

Sir:

This supplemental paper is submitted in response to the Office Action mailed April 6, 2004 in connection with the above-identified application, setting a shortened statutory period for reply expiring May 6, 2004. This paper supplements the Amendment and Response mailed February 6, 2004.

The Office Action mailed April 6, 2004 required the submission of a supplemental paper setting forth the amendments to the application in the correct format for reissue applications as required by 37 C.F.R. 1.173. Accordingly, the undersigned respectfully submits this supplemental paper which identifies all changes *vis-à-vis* the patent to be reissued. Specifically, applicants have underlined all new claims *in toto* and have indicated

amendments to the title by underlining and bracketing. No fees are believed due; however, the Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 11-0855.

AMENDMENT TO TITLE

Please amend the title as follows:

Acetabular Ring Prosthesis with Reinforcement Member [Buttress]